

TELEWORK PROGRAM
CERTIFICATION OF TIME AND ATTENDANCE

For use of this form, see USAARMC Policy Memo 11-05, 31 Oct 05, subj: Telework Program

I certify that for pay period ending _____, I worked or was on approved leave as indicated:

<u>First Week</u>	<u>Hours Worked or Leave Taken</u>	<u>Location</u>
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
<u>Second Week</u>		
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Employee's signature and date _____